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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: DIXIETIME LLC (Name of Limited Liability Company)					
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
GARY B. DAVENPORT (Name of Person)					
GARY B. DAVENDORT P. A. (Firm/Company)	4				
211 4th STREET SOUTH (Address)	<u>.</u>				
FIABLER BEACH, FL 321 (City/State and Zip Code)	36				
For further information concerning this matter,	please call:				
(Name of Person)	(Area Code & Daytime Telephone Number)				
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Enclosed is a check for the following amount:					
\$25 Filing Fee	\$55 Filing Fee & Certified Copy				

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liabil	ity company is: DIKICT	ime, L		
2. The mailing address of the lin	nited liability company is:	5337	Soundriew	AVE.
ST AUGUSTINE FL		- •		
1 4		1011		
4 28 2006 3. Date of filing/registration in I			00046758 ent number	
•				
5. The name of the registered age Florida Department of State:	ent and the registered office	address as s	shown on the record	s of the
•	AVENPORT, GARY:	В		
_53	137 Soursview Ave Address			90 SEVIO
_				SION SEP
	T. Augustine FL City, State and Z	ip		P 18
6. The name and address of the r	new registered agent and/or	office:		8 8 60 60 60 60 60 60 60 60 60 60 60 60 60
				PH 3: 53
	Name			55 AF
ລແ	5. 4th STREET			$\boldsymbol{\omega}$
	da street address (P.O. Box	NOT accept	table)	
FLA	GLERBEACK FL 32	1136		
<u>r v .</u>	City, State and Zip			
If the limited liability company is confirmed that after the change of and the business office of the regliability company, it is hereby confirmed the members of the limited lift or the operating agreement of the (Signature of a member or authorized representation).	or changes are made, the Floristered agent will be identified in the change (s) ability company or as other elimited liability company.	orida street a cal. Or, in th was/were au	ddress of the registe ne case of a Florida thorized by an affir	ered office limited mative vote
GARY B. DAVENPORT				
(Printed or typed name of signee) I hereby accept the appointment comply with the provisions of all and I am familiar with and acceptanter 608/F.S. Or, if this doing address, Phereby confirm that the (Signature of Registered Agent)	t as registered agent and ag I statutes relative to the pro- by the obligations of my pos- cument is being filed to mer the limited liability company	ree to act in per and com ition as regi ely reflect a has been no	this capacity. I fur plete performance o stered agent as prov change in the regist tified in writing of t	ther agree to of my duties, vided for in tered office his change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00